

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Allcom Distribution Corp.

Application for a certificate of
prepaid calling service provider authority
in all areas in the
State of Illinois.

06-0271

CHIEF CLERK'S OFFICE
2006 APR -4 P 12:39
ILLINOIS
COMMERCE COMMISSION

APPLICATION TO OBTAIN A
"CERTIFICATE OF PREPAID CALLING SERVICE PROVIDER AUTHORITY"
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any)

FEIN # 20-2154893

Allcom Distribution Corp.

Address: Street 15540 Rockfield Blvd., Suite A-1

City Irvine State/Zip CA, 92618

Please complete the following with respect to the Applicant and Underlying Carrier:

2. Please provide the Applicant's toll-free customer service number.

800-540-6246

3. In what area or areas of the state does the Applicant propose to provide service?

Applicant proposes to provide service in all areas of the state.

4. Please attach a sheet designating contact persons to work with Illinois Commerce Commission Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer service complaint resolution
- d) technical and service quality issues and compliance with service quality standards and remedies
- e) "tariff" and pricing issues
- f) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

See sheet attached as Exhibit A

5. Please check type of organization.

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed December 23, 2004
In what state? California
☐ Other (Specify)

6. Submit a copy of articles of incorporation or other organization documents, a copy of any contract with any underlying carrier(s) and a copy of certificate of authority to transact business in Illinois.

See attached as Exhibit B

7. List jurisdictions (other than Illinois) in which Applicant is offering service(s).

California

8. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

9. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully.

10. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list.

11. Is the Applicant seeking an expedited application pursuant to Section 13-404.1(b)?

☐ YES ☒ NO

If YES, please provide the name of the underlying carrier(s) and the docket number of the underlying carrier(s) certification proceeding.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, resumes of key personnel, or a combination of these forms.

See attached as Exhibit C

Jae Eun Kim Jae S. Kim

If YES, list entity. _____

Webclient software is provided, allowing customer service representatives to access pin information, giving them access to all charges and fees. This software also allows representative to send complaints to carrier/technicians for resolution. Complaint resolution is generally taken care of within a 24 hour period. Customers are contacted directly during this process. See Exhibit D for further details.

 x YES NO

See attached as Exhibit D

949-770-8200

<u> x </u>	YES	NO
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See attached as Exhibit E

21. Does Applicant utilize its own equipment and/or facilities? x YES NO

If YES, please list the equipment and / or facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

The Applicant uses a NACT prepaid switch and software, which Applicant owns and collocates with a digital hub in Los Angeles, California. See evidence of technical resources attached as Exhibit F.

If NO, which underlying carrier's facilities does the Applicant intend to use?

22. Please describe the nature of prepaid service to be provided (e.g., general service, location specific service, discounted rates for specific countries, etc.).

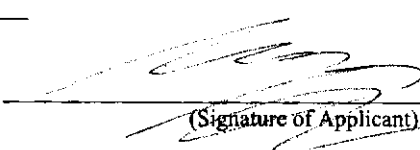
Applicant proposes to offer a prepaid card service to residential customers with discounted rates for calls to specific countries.

23. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

24. Please attach a copy of the front and back of any prepaid calling cards Applicant currently sells.

See attached as Exhibit G


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

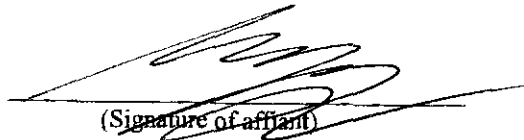
OATH

State of California)
County of Orange)ss

Jae S. Kim makes oath and says that he is CEO / President
(Insert here the name of affiant) (Insert the official title of the affiant)

of Alloy Distribution Corp
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ JOHN HARO
(Title of person authorized to administer oaths)

in the State and County above named, this 31ST day of MARCH 2006




(Signature of person authorized to administer oath)